Massachusetts Department of Public Health
Massachusetts Immunization Program (MIP)

MODEL STANDING ORDERS

Influenza Vaccine

Inactivated, Trivalent Types A and B

These model standing orders are current as of July 2003. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Influenza Vaccine is specifically indicated for people in the following groups:

I. Persons at Increased Risk for Influenza-Related Complications:

1. All persons ≥ 65 years of age.
2. Persons 6 months – 64 years of age who:
   - Live in long-term care facilities that house persons of any age with chronic medical conditions.
   - Have chronic cardiac or pulmonary conditions, including asthma.
   - Have required regular medical follow-up or hospitalization during the preceding year due to chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or HIV).
3. Persons 6 months through 18 years of age who are receiving long-term aspirin therapy.
4. Women who will be in the second or third trimester of pregnancy during influenza season.

II. Persons Who Can Transmit Influenza to Persons at High Risk:

1. Personnel in both hospital and outpatient settings, including emergency response workers.
2. Employees of long-term care facilities who have contact with patients or residents.
3. Employees at assisted living and other residences for persons in high-risk groups.
4. Persons who provide home care to persons in high-risk groups.
5. Household members (including children) of persons in high-risk groups.
6. Household contacts and out-of-home caretakers of children 0 - 23 months of age.

III. Healthy Persons 50 – 64 Years of Age.

IV. Influenza vaccine should be considered for the following groups, depending upon vaccine availability:

1. All children 6 –23 months of age.
2. Persons who provide essential community services.
3. Students and other persons in institutional settings (e.g., dormitories).
4. Certain travelers.
5. Anyone who wishes to reduce the likelihood of becoming ill with influenza.

_____ ____/____/____

Clinician's Signature Date

Influenza Vaccine Orders

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
2. Screen for contraindications according to Table 1.
3. Administer influenza vaccine intramuscularly (IM), according to the recommended age-specific dose and schedule (Table 2). Administer IM vaccines at a 90^0 angle with 22-25-gauge needle. **Always check the package insert prior to administration of any vaccine.**
   a. For infants 6 - 12 months of age, administer into the anterolateral aspect of the thigh with a 7/8- to 1-inch needle.
   b. For children ≥ 12 months – 18 years of age, administer in the deltoid muscle, using a 7/8- to 1¼ inch needle. For toddlers, you can use the anterolateral thigh, but the needle should be longer, usually 1 inch.
   c. For adults > 18 years of age, administer in the deltoid muscle with a 1- to 2 -inch needle.
4. Administer influenza vaccine simultaneously with all other vaccines indicated.
5. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or www.vaers.org.
8. See the MIP document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

Table 1. Contraindications and Precautions to Influenza Vaccine

Valid Contraindications for Influenza Vaccine	Invalid Contraindications (Influenza Vaccine should be given)
Anaphylactic reaction to a previous dose of influenza vaccine, egg protein, thimerosal, latex or any other component of the vaccine (see package insert for specific components)[1]	Mild illness with or without fever
	Non-anaphylactic allergy to any component of the vaccine
	HIV infection[2]
Precaution to influenza vaccine: Moderate to severe illness with or without fever (temporary precaution).	Pregnancy[3] or breast feeding
	Treatment with warfarin (coumadin), theophylline, phenytoin, or aminophylline [4]
	Anticoagulation or bleeding disorder[5]

_____ ____/____/____

Clinician's Signature Date

Influenza Vaccine Orders

[1] Persons with a history of anaphylaxis to a vaccine component, but who are at risk for complications from influenza, should be referred to their health care provider for evaluation and possible administration of influenza vaccine.

[2] Because influenza can result in serious illness*, vaccination will benefit many HIV-infected patients, including HIV-infected pregnant women*. Vaccine may not induce protective antibodies in patients with advanced disease. A second dose during the same flu season *does not* improve immune response in these patients.

[3] Vaccinate pregnant women who will be in the second or third trimester during flu season. Vaccinate *all* pregnant women with medical conditions that increase their risk of complications from flu before flu season, regardless of the stage of pregnancy.

[4] Although flu vaccine can inhibit the clearance of warfarin, theophylline, phenytoin, and aminophylline, studies show no adverse clinical effects. High-risk patients who take these medications *should* receive flu vaccine.

[5] The risk of bleeding after an IM injection in these patients can be minimized by administering the vaccine immediately after the patient's receipt of replacement factor. Use a 23-guage (or smaller) needle with immediate application of direct pressure to the vaccination site for at least 2 minutes.

Note: Consider withholding flu vaccine if the patient has a history of Guillain-Barre syndrome (GBS) $\leq$ 6 weeks post-vaccination and the person has *no* risk factors for complications from influenza disease. Although data are limited, for most persons with a history of GBS and who are at high risk for severe complications from influenza, the established benefits of influenza vaccine justify yearly vaccination.

Table 2. Influenza vaccine dosage, by age group - United States

Age Group	Dose	No. of Doses
6 – 35 months	0.25 mL	1 or 2[1]
3 – 8 years	0.5 mL	1 or 2[1]
$\geq$ 9 years	0.5 mL	1

[1] Children < 9 years of age who are receiving influenza vaccine for the first time should receive 2 doses, $\geq$ 1 month apart. Administer the 2nd dose before December, if possible.

_____ ____/____/____ Clinician's Signature

Date